

# Iowa State wide Strategic Plan for Healthcare Associated Infections

FINAL

## PROPOSED GOALS, OBJECTIVES, AND TACTICS

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**Mission:** Improve healthcare associated infection outcomes in Iowa.

**Vision:** By 2019, improve healthcare associated infection (HAI) outcomes in quality, patient safety, patient experience, and cost.

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### Goal 1- Prevention

- **Objective 1.1: Align Prevention Strategies.**
  - *Tactic 1.1-A:* Align coordination among organizations that share responsibility for assuring or overseeing HAI surveillance, prevention, and control.
  - *Tactic 1.1-B:* Align educational efforts to maximize resources and prevent duplication of efforts.
  - *Tactic 1.1-C:* Expand and coordinate healthcare acquired infection (HAI) prevention strategies beyond the acute care setting to other venues such as ambulatory surgery and long term care.
- **Objective 1.2: Promote healthcare worker immunization to prevent disease transmission within healthcare settings.**
  - *Tactic 1.2-A:* Promote evidence-based practices to maximize healthcare worker immunization.
  - *Tactic 1.2-B:* Expand healthcare personnel immunization strategies beyond the acute care setting, including ambulatory surgery, long term care and dialysis centers.
- **Objective 1.3: Promote Antibiotic Stewardship.**
  - *Tactic 1.3-A:* Promote use of evidenced based practice resources from CDC's *Get Smart* and *Choosing Wisely* campaigns.
  - *Tactic 1.3-B:* Promote outreach plan developed by the Iowa HAI Steering Group and the Iowa Antibiotics Resistance Task Force to raise awareness of Antibiotic Stewardship and develop goals to decrease inappropriate antibiotic use.
  - *Tactic 1.3-C:* Develop and implement a patient and family engagement strategy around appropriate antibiotic use.
  - *Tactic 1.3-D:* Enlist the involvement of provider communities beyond the hospital setting in the development of community Antibiotic Stewardship programs.
  - *Tactic 1.3-E:* Promotion of antibiotic stewardship programs that target multidrug resistant organism (MDRO) reduction in healthcare settings.

**Goal 2- Harm Reduction** (Routinely achieve patient goals with zero tolerance for preventable harm in alignment with national priorities).

- **Objective 2.1: Reduce Surgical Site infections.**
  - *Tactic 2.1-A:* Offer HAI education for ambulatory care centers, such as an outpatient surgery center.

- *Tactic 2.1-B:* Promote evidence based practices for the prevention of surgical site infections (e.g., Project Joints, WHO surgical safety checklist, SCIP compliance).
- **Objective 2.2: Reduce Blood Stream infections.**
  - *Tactic 2.2-A:* Promote evidence based practices for the prevention of central line associated blood stream infections and MRSA bacteremia (e.g., insertion and maintenance bundles).
  - *Tactic 2.2-B:* Promote compliance with HICPAC recommendations.
- **Objective 2.3: Reduce Catheter Associated Urinary Tract Infections.**
  - *Tactic 2.3-A:* Promote *CAUTI: Reversing the Trend* initiative for the prevention and management of Catheter Associated Urinary Tract Infections (CAUTI) in the hospital setting as well as non-hospital settings.
  - *Tactic 2.3-B:* Promote HICPAC guidelines for the prevention of catheter associated urinary tract infections
- **Objective 2.4: Reduce incidence of healthcare acquired Clostridium Difficile.**
  - *Tactic 2.4-A:* Promote evidence based practices for the prevention of healthcare acquired *Clostridium difficile* infections (e.g., hand hygiene compliance, environmental cleaning procedures, antibiotic stewardship) in the hospital setting as well as non-hospital settings.
- **Objective 2.5: Reduce Ventilator Associated Events.**
  - *Tactic 2.5-A:* Promote CDC toolkits for the care of mechanically ventilated patients (e.g., early mobility, low tidal volume ventilation, daily process measures).
- **Objective 2.6: Reduce mortality in patients with severe sepsis/septic shock.**
  - *Tactic 2.6-A:* Promote Surviving Sepsis campaign best practice bundles.

### Goal 3- Community Care Coordination (Align clinical strategies between stakeholders).

- **Objective 3.1: Community engagement in HAI prevention and response.**
  - *Tactic 3.1-A:* Promote development of community based HAI strategies.
  - *Tactic 3.1-B:* Promote spread of best practices and collaboration of Iowa infection preventionists across the healthcare continuum.
  - *Tactic 3.1-C:* Enhance outbreak investigation response and reporting in healthcare facilities.
  - *Tactic 3.1-D:* Develop community level strategies to address emerging HAI disease threats.
  - *Tactic 3.1-E:* Improve vaccination status of population through community efforts.
  - *Tactic 3.1-F:* Promote communication with local public health entities regarding the coordination of strategies.
  - *Tactic 3.1-G:* Promote the use of the Iowa Immunization Registry Information System (IRIS) for tracking and assessment of immunization status for all community providers.
- **Objective 3.2: Promote community care coordination in device management.**
  - *Tactic 3.2-A:* Promote the sharing of information across care continuums in the local community to enhance collaborative care (Hospitals, LTC, Home Health).

- *Tactic 3.2-B:* Develop model protocols to improve communication between facilities relating to transfer of contagious patients between facilities (including acute care, Emergency Department, and Long Term Care facilities).
- *Tactic 3.3-C:* Develop resources to engage and equip caregivers.

**Goal 4- Surveillance and Data** (Use data to monitor and advance HAI prevention strategies).

- **Objective 4.1: Standardize surveillance measurement methodologies.**
  - *Tactic 4.1-A:* Promote national standards for data and technology for tracking and comparison of HAIs (e.g., NHSN).
  - *Tactic 4.1-B:* Promote consistent definitions to guide improvement efforts that align with national reporting initiatives.
  - *Tactic 4.1-C:* Encourage the use of standards-based formats (e.g., EMR) by healthcare facilities for purposes of electronic surveillance, reporting and coordination of care.
  - *Tactic 4.1-D:* Standardize reporting and outbreak investigation. Provide focused training on HAI surveillance, reporting and outbreak investigation.
- **Objective 4.2: Enhance reporting and target outcomes.**
  - *Tactic 4.2-A:* Promote the use of electronic reporting and information technology for healthcare facilities to reduce reporting burden and increase timeliness.
  - *Tactic 4.2-B:* Monitor HAI data entry and outcomes to target prevention efforts and to measure progress (e.g., TAP reports).
  - *Tactic 4.2-C:* Develop Iowa HAI profile in alignment with national reporting standards.
  - *Tactic 4.2-D:* Expand HAI prevention, surveillance, and detection efforts beyond the hospital setting.